## DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence; mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A MOBILE TERMINAL, MANAGEMEN	NT METHOD OF	INFORMATION	IN THE SAME, AND	A COMPUTER	R PROGRAM
FOR THE INFORMATION MANAGEME					
the application of which 区 is attached hereto	OR	Number or PCT	International Applications  No	on Number	
I hereby state that I have reviewed and urby any amendment specifically referred to		ents of the above	identified application, in	ncluding the cla	ims, as amended
I acknowledge the duty to disclose inficontinuation-in-part application(s), materi the national or PCT international filing date	al information wl	hich became avail:	able between the filing	in 37 CFR 1.5 date of the prior	6, including for application and
I hereby claim foreign priority benefits un or plant breeder's rights certificate(s), or than the United States of America, listed patent, inventor's or plant breeder's rights application on which priority is claimed.	365(a) of any PC below and have	T international ap also identified bel-	plication(s) which desig ow, by checking the bo	nated at least o	ne country other
Prior Foreign Application Number(s)	Country Japan		Foreign Filing Date Day/Month/Year) 16/4/2003	Priority Yes ⊠	Claimed No
I hereby claim domestic priority benefits usual states provisional application(s), or §3650 insofar as the subject matter of each of International application in the manner proto disclose any information material to the filing date of the prior application and the	(c) of any PCT In the claims of the ovided by the firs e patentability of	nternational application is t paragraph of Titl this application as	ation(s) designating the not disclosed in a list e 35, United States Cod s defined in 37 C.F.R. 1	United States, I ted prior United le, §112, I acknown	isted below and,  I States or PCT  owledge my duty
Prior U.S. or International Application Num	aber(s)	U.S. or International Filing Date Status			

I hereby appoint all attorneys of SUGHRUE MION, PLLC who are listed under the USPTO Customer Number shown below as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.

PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:								
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Inventor's Signature			Date					
Residence: City	State	Country		Citizenship				
Mailing Address:								
City	State	Zip		Country				
NAME OF THIRD INVENTOR:		•						
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Inventor's Signature		Date						
Residence: City	State	Country		Citizenship				
Mailing Address:								
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NAME OF FOURTH INVENTOR:			<u> </u>					
Given Name (first and middle [if any])	Family Name or Surname							
Inventor's Signature		Date						
Residence: City	State	Country		Citizenship				
Mailing Address:	p							
City	State	Zip		Country				
NAME OF FIFTH INVENTOR:								
Given Name (first and middle [if any]) Family Name or Surname								
Inventor's Signature		Date						
Residence: City	State	Country		Citizenship				
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City	State	Zip		Country				